

# The Effects of Trauma– Moving Toward Trauma Informed Practice



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# Introduction

Who are we?



# Today's Agenda

- Childhood trauma—what is it?
- How does trauma can impact children?
- What it means to be “trauma-informed?”
- How is trauma identified at intake?
- How are trauma symptoms assessed?
- What are some effective interventions to use with trauma survivors?
- How to partner with parents and teachers?
- Q&A

# What is a traumatic experience?

- An experience that is emotionally stressful, shocking or distressing
- Events that threaten the life or physical safety of the child or someone they love



# What are some examples of childhood trauma?



# Examples of Possible Traumatic Experiences

- Serious accidents
- Community violence
- Natural disasters (earthquakes, wildfires, floods)
- Sudden or violent loss of a loved one; separations from parent/siblings
- Physical or sexual abuse; neglect
- Medical procedure

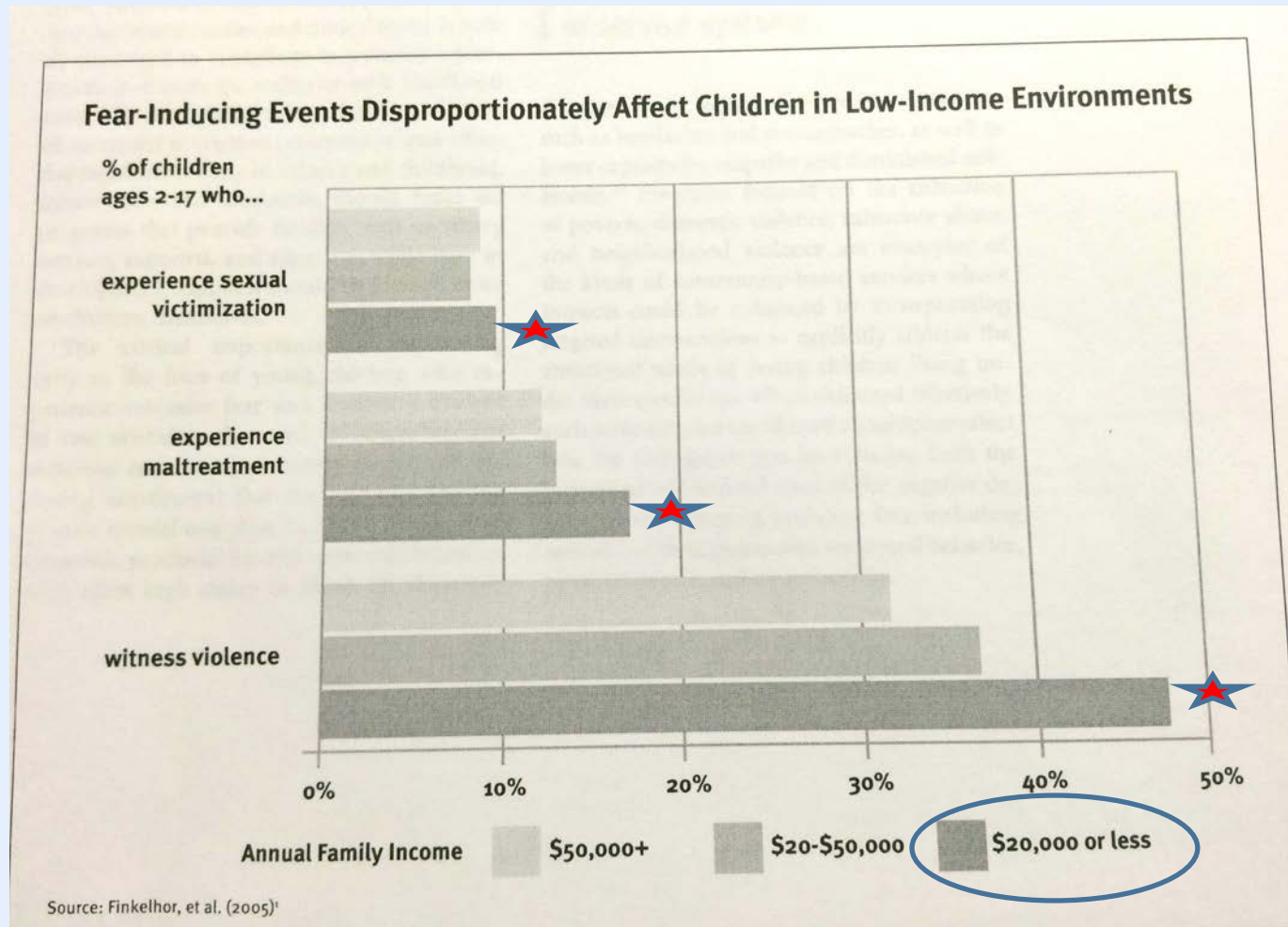
# Who is affected by Trauma?

- ✓ Most of us --studies tell us trauma is very common in the United States
- ✓ 1 in 7 children experienced a form of child maltreatment
- ✓ 1 in 40 infants experience some form of abuse
- ✓ 50% of children who live in poverty witness violence





# Poverty is a **Significant** Risk Factor





# Harvard Video



<https://www.youtube.com/watch?v=rVwFkcOZHJw>

# Traumatic Reaction in Children

A traumatic event can :

- Cause a child to feel overwhelmed
- Disrupt a child's sense of control
- Cause feelings of terror and helplessness
- Cause physiological arousal (changes in the body in response to the threat)





1  
Brain



2  
Body



3  
Cognitive  
Development



6  
Emotions  
&  
Behavior



5  
Relationships

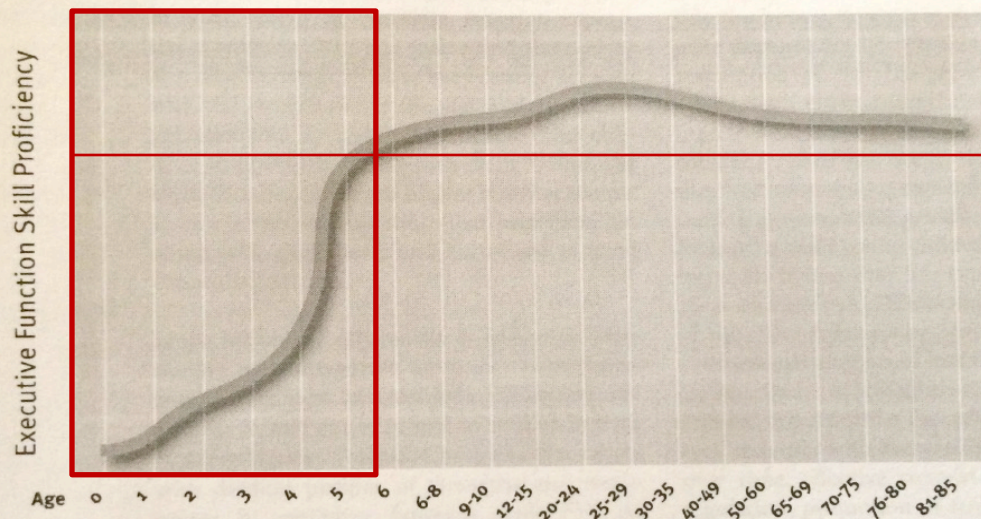


4  
Physical  
Development



# Executive Functioning Skill Development in Young Children

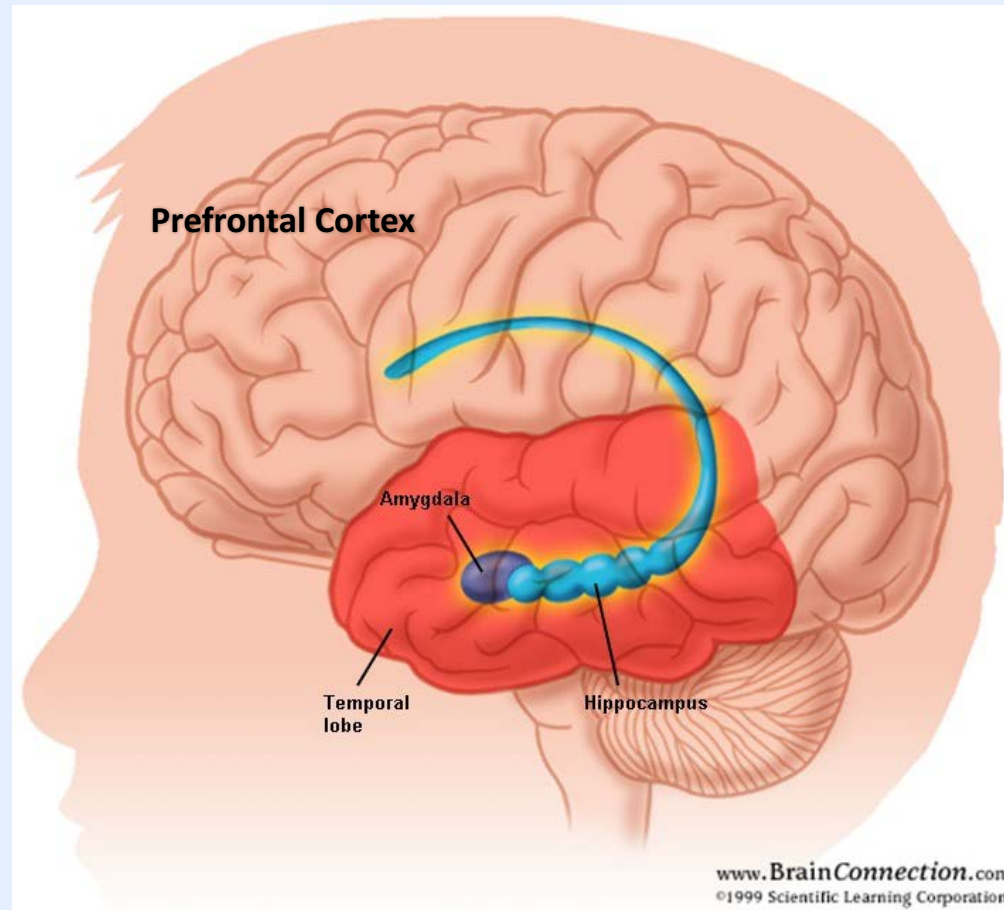
## Executive Function Skills Build Throughout Childhood and Adolescence



A range of tests measuring different forms of executive function skills indicates that they begin to develop shortly after birth, with ages 3 to 5 providing a window of opportunity for dramatic growth in these skills. Growth continues throughout adolescence and early adulthood; proficiency begins to decline in later life.

Source: Weintraub et al. (In Press).<sup>99</sup>

# The Architecture of Learning and Memory



# Brain Activity During Stress



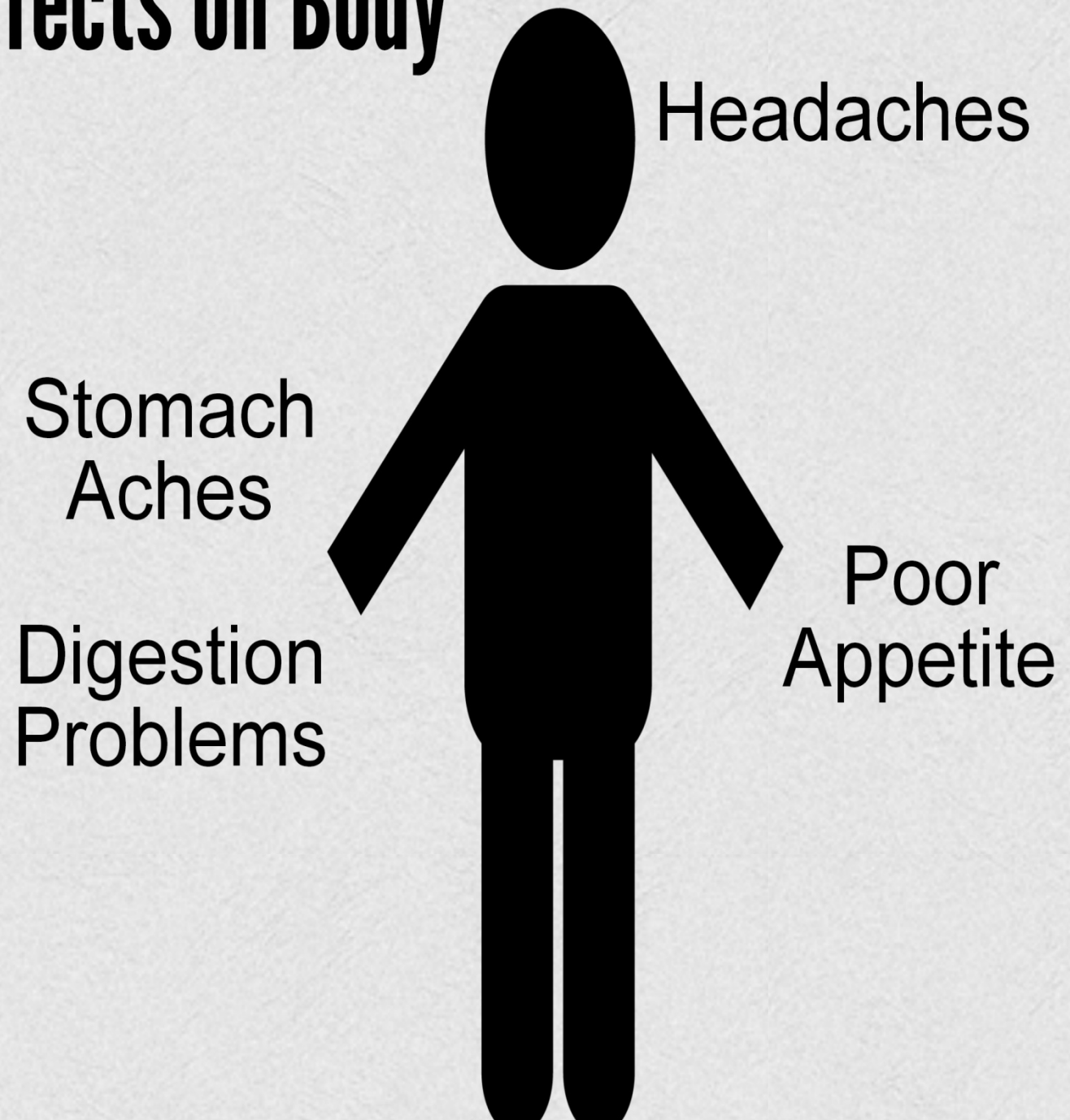
When we are stressed, we move from the rational, thinking part of our brains, to our primitive, survival oriented limbic system

# Emotional memories can be problematic because . . .

1. Increases in cortisol will strengthen the memory of emotional events, creating fear memories
2. Static levels of cortisol in the brain weaken the memory formation and learning in non-threatening environments
3. Therefore:
  - ✓ fear memories are strong and stored,
  - ✓ they are easily retrieved over and over again,
  - ✓ And new learning and memory formation is blocked



# Trauma Effects on Body



# Trauma Effects on Development

Language

Cognitive  
Development



Physical  
Development



# Trauma Effects on Emotions and Behavior

Anxiety

Depression

Lack of Trust



Fear

Hypervigilance

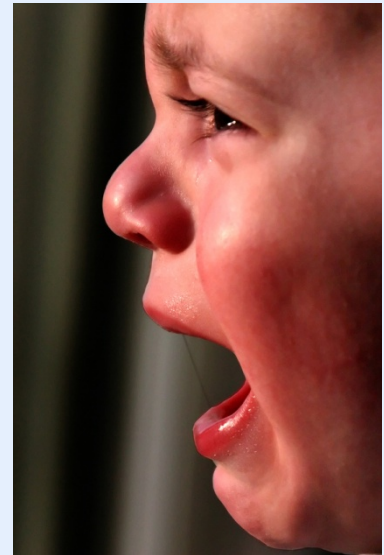
Withdrawn

Aggressive



# Some behaviors you might see

- Fear of being separated from parent; clinging
- More crying, whimpering, screaming, tantrums
- Unable to self-soothe
- Difficulty falling asleep, night waking
- May reenact scenes in play
- Jumpy, startles easily, seems anxious
- Increased reactivity & impulsivity
- Defiance
- Perfectionism
- Development of new fears

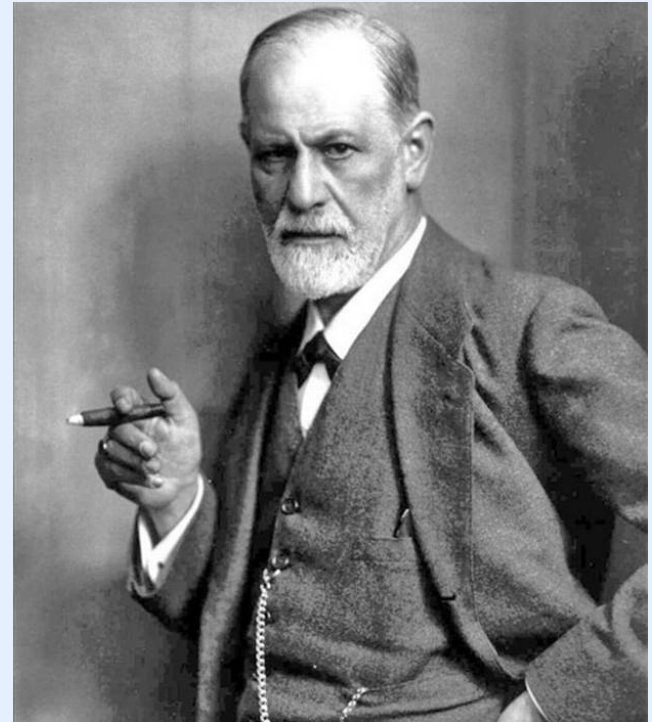


# Some behaviors you might see

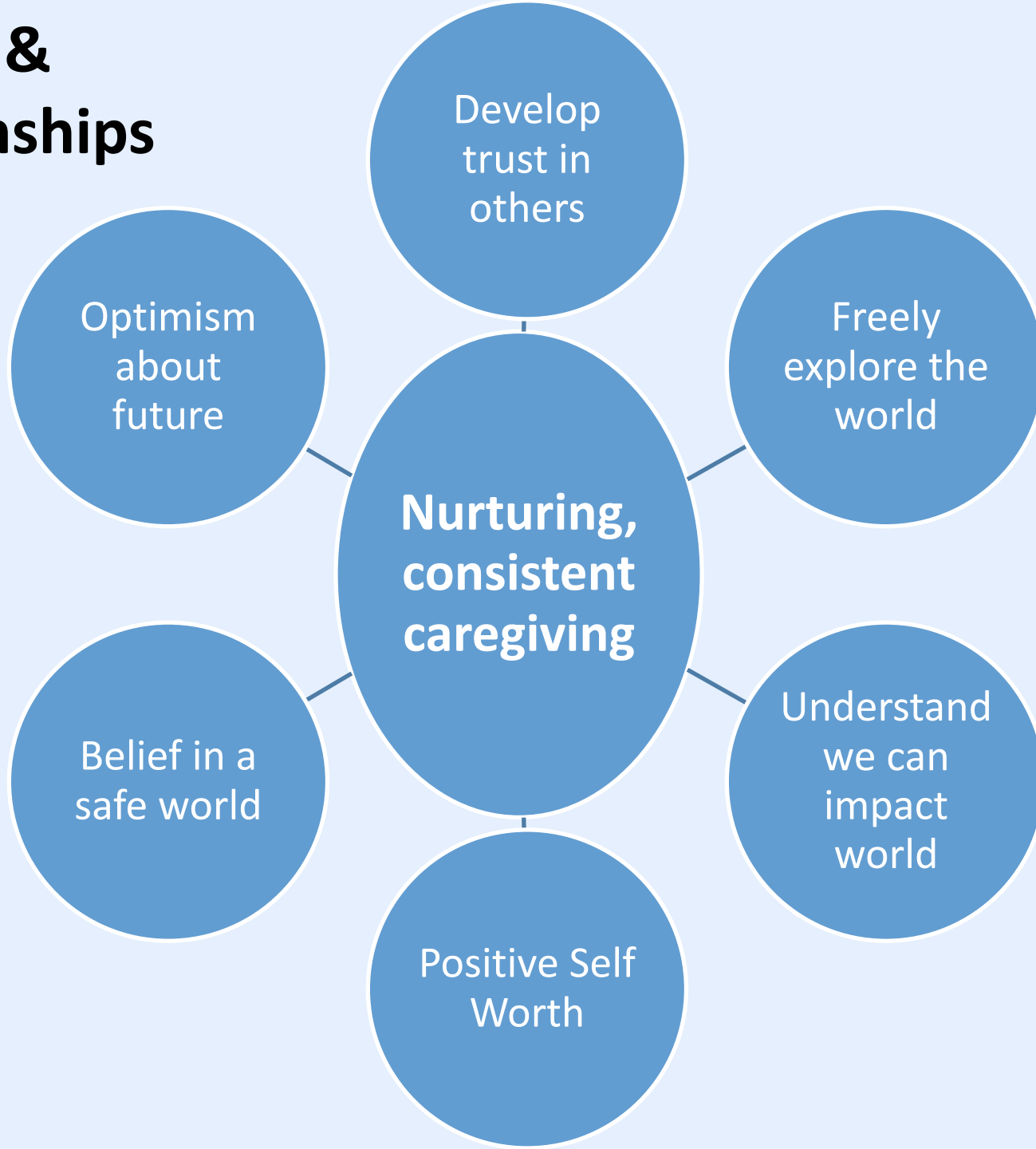
- Loss of developmental milestone /returning to behaviors shown at earlier ages
- More immature behaviors
  - Problems with toileting (bedwetting, soiling)
  - Thumb sucking; Fear of the dark
  - These self soothing behaviors can be attributed to the child attempting to “cope” with their experience and the new interpretation they may have of past and future events.

# What is the differential diagnosis?

1. AD/HD
2. Oppositional Defiant Disorder
3. Anxiety Disorders
  - OCD, Separation Anxiety
4. Autism Spectrum Disorders
5. Learning Disorders
6. Mental Retardation/  
Borderline Intellectual  
Functioning



# Trauma & Relationships





# Trauma & Relationships



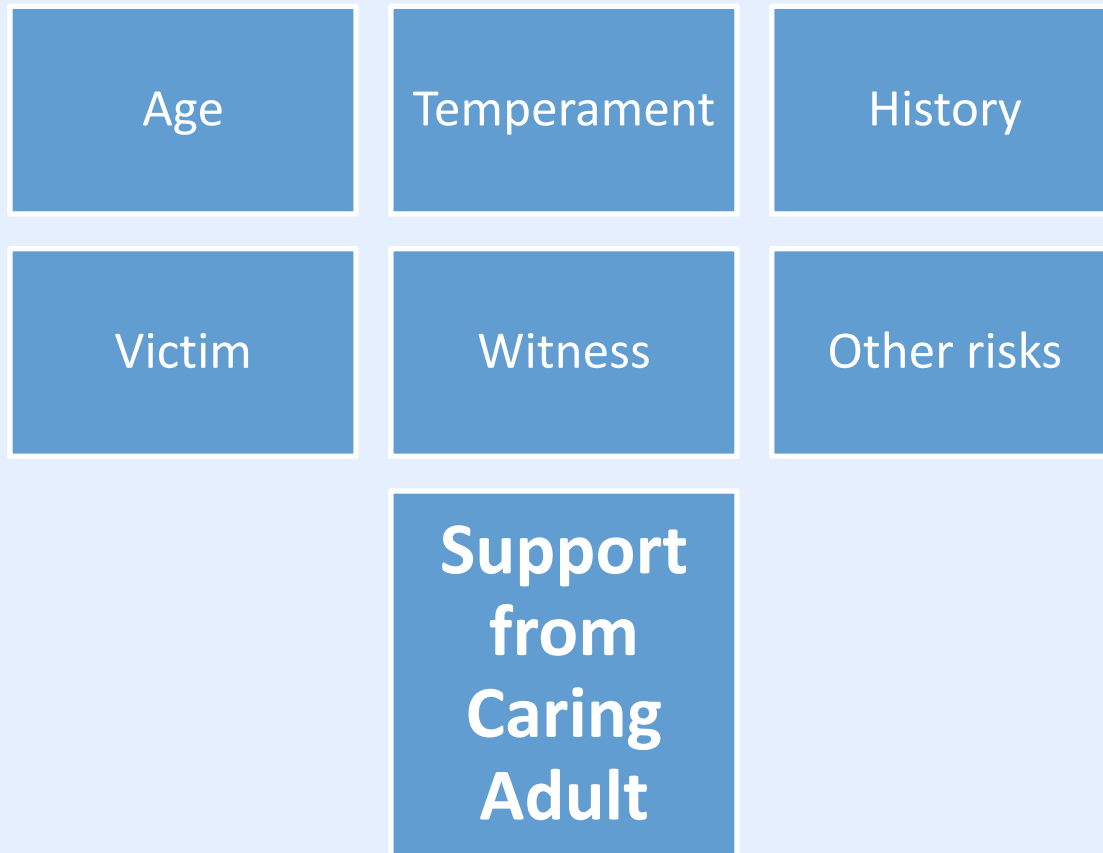
# How does trauma effect children in school long term?

Traumatized children are:

- ✓ 2.5x more likely to fail a grade in school
- ✓ Score lower on standardized achievement tests
- ✓ More likely to have struggles in receptive & expressive language
- ✓ Suspended & expelled more often
- ✓ More frequently placed in special education

Adapted from: Wisconsin department of public instruction

# Why Do Children React Differently to Trauma?



# What does it mean to be “Trauma Informed?”

- Understanding the impact of trauma on children
- Assuming that children are doing the best they can to cope
- Using that understanding in planning for the child
- Understanding your role in responding to distress

problem

solution

How we get there

Many students have had traumatic experiences

Trauma can impact the learning behavior and relationships at school

Trauma sensitivity helps a child regain a sense or security or safety so they can learn

Trauma sensitivity requires a whole team approach

Slide adapted from massadvocates.org. Helping children learn

# How “school ready” are preschoolers who have experienced trauma?

Young children who have experienced trauma may be “delayed” in their social skills and emotional development & having trouble coping with emotions

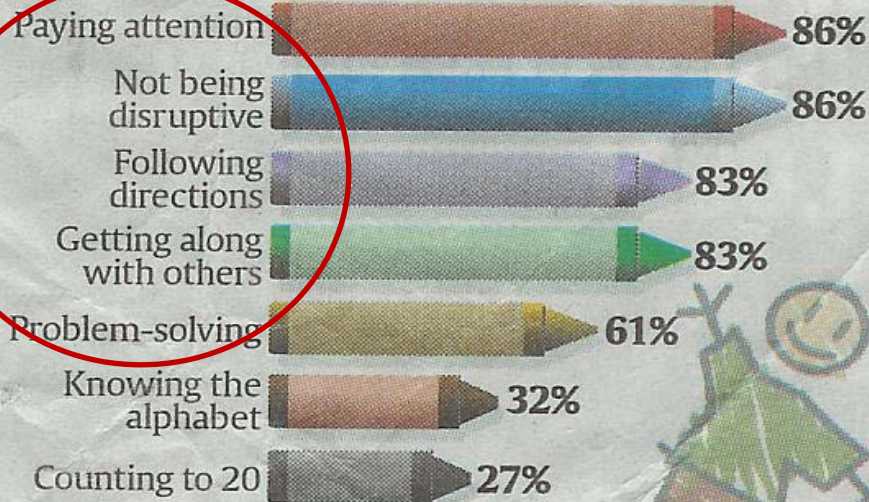
5/7 identified “readiness skills” are social-emotional skills...



## USA TODAY Snapshots

### Early on, social skills trump smarts

Percentage of 800 kindergarten teachers surveyed who say these skills are essential or very important:



Source: Mason-Dixon Polling for Fight Crime: Invest in Kids

By Julia Neyman and Alejandro Gonzalez, USA TODAY

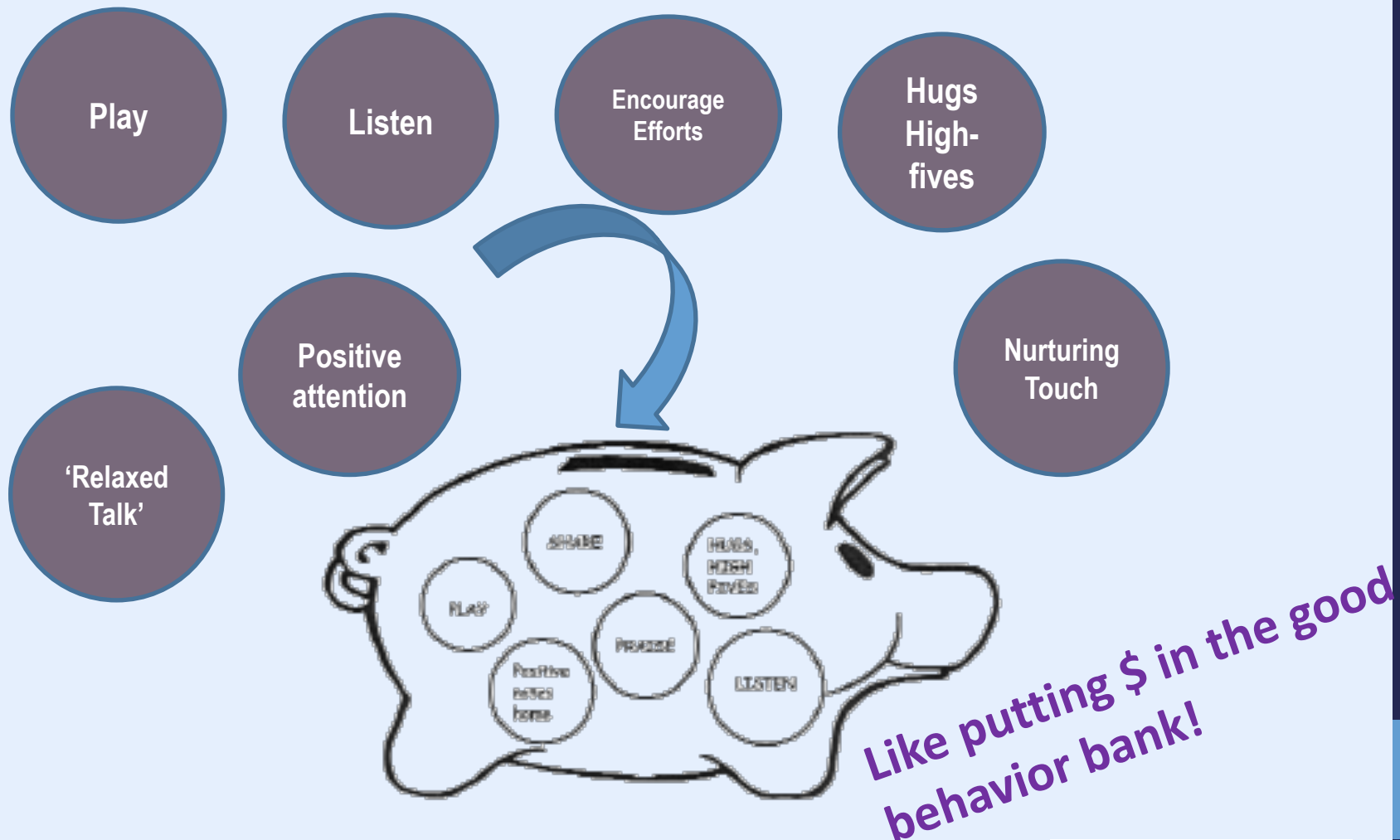
# What are some effective interventions to use with trauma survivors?



# 1. Psychoeducation

- Don't ignore the trauma- address it directly with caregiver and child at the beginning of the relationship (why they are here)
- Educate caregivers that trauma reactions are normal and treatable

# 1. Make Relationship Deposits



Adapted from: Center on the Social-Emotional Foundation of Early Learning <http://csefel.vanderbilt.edu/>

## 2. Always Use Positive Guidance

- It will take practice for children to develop their social emotional skills, and to manage their emotions – be patient
- Redirect to appropriate behavior
- Praise, praise, praise
- Teach a few simple rules
- Be calm, firm, and matter-of-fact

Show

Smile

Me I am

Loved

Everyday

# 3. Teach Social-Emotional Skills

- Feelings Identification – through labeling and modeling; books about feelings and posters
- Problem Solving

## Problem Solving Steps – Simple Words to Teach and Remind Children



**1. Say the problem.**



**3. Pick one solution.**



**2. Think, think, think  
of some solutions.**



**4. Give it a try**

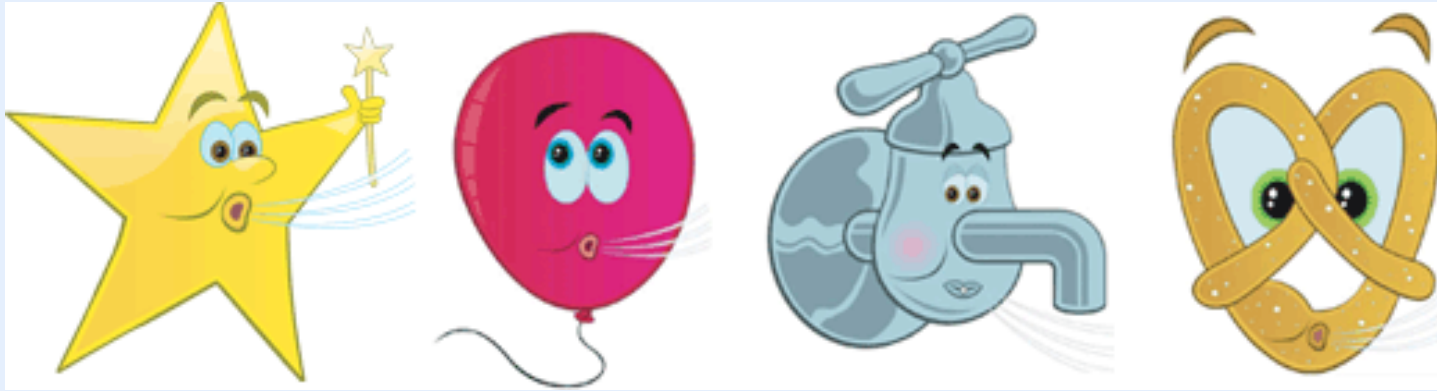
*Adapted from CSEFEL website for:*



# How do you begin building social-emotional skills in young children?

1. Allow the child to maintain the coping skills that helped them to survive the trauma, even if these coping skills are not ideal, while building new healthy coping skills
2. Support the child and reminding them that they can manage the situation, the caregiver/ teacher is there for support

# Teaching Emotional Literacy



**Emotional literacy is the ability to identify, understand, and respond to emotions in oneself and others in a healthy manner.**






# You can teach children to use I Feel/I Choose\* and Calm Down Buckets



\* Adapted from Conscious Discipline materials

# Enhancing Safety

Safe environments are:

-  **Predictable:** Know what happens next
  - Have your daily schedule on a poster at child's eye level (use both pictures and words).
  - If the schedule will need to be changed, let the children know in advance
-  **Patterned:** Environment is organized
  - Teach the children about the schedule daily
-  **Relational:** Caregivers they know and trust can help them focus on learning and reduce hyper-vigilance

# Enhancing Safety

- What does it take for this child to feel safe?
- What are the child's triggers?
  - Each child will be different
- Find ways to both show and tell the child the following message:
  - You are safe here.
  - Our classroom is a safe place. I will keep you safe.
  - I will listen to you and respond to your needs.

# Classroom Strategies

Our strategies must address the fact that children with trauma may be:

- 🌐 Lacking a feeling of safety – and may in fact be in unsafe situation
- 🌐 Lacking essential stable, nurturing relationships
- 🌐 “Delayed” in their social skills and emotional development & having trouble coping with emotions



# When to Refer

- If you are concerned that a child's behavior isn't improving, consider a referral for mental health services
- There are evidence-based trauma-focused treatments. A mental health professional trained in trauma should be able to determine help.
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  - Parent-Child Interaction Therapy (PCIT)
  - Child-Parent Psychotherapy (CPP)

# The NEST Program Resource

- Arkansas Network for Early Stress and Trauma is a program administered by the University of Arkansas for Medical Sciences.
- Children ages 5 and under who have experienced some type of trauma and their families are eligible to participate. Families receive evidence-based child trauma treatments and support.
- NEST partners with mental health providers across the State to help make evidence based treatment available to children and their families.



# Q&A



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